



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

Application Number

10/772,164

Filing Date

February 3, 2004

First Named Inventor

Tsien, Roger Y.

Art Unit

1654

Examiner Name

Jeffrey E. Russel

Attorney Docket Number

02307E-152470US

**ENCLOSURES** (Check all that apply)

- |                                                                           |                                                                                         |                                                                                          |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                                     | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition                                                       | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input checked="" type="checkbox"/> After Final                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information                                         |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter                                                   |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer                                            | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                                             | Request for Continued Examination (RCE) Transmittal                                      |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Return Postcard                                                                          |
|                                                                           | <input type="checkbox"/> Landscape Table on CD                                          |                                                                                          |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b>                                                                          | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |                                                                                         |                                                                                          |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                         |                                                                                          |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Frank J. Mycroft

Date

May 3, 2006

Reg. No.

46,946

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Kimberly Rosa

Date

May 3, 2006